COMBAT-RELATED SPECIAL COMPENSATION

Because You – the Veteran – Earned It

CRSC Claim Process Training

Agenda

- *What is CRSC?*
- *Who is Eligible?*
- *Service-Related vs. Combat-Related*
- *CRSC vs. CRDP*
- *CRSC in Action*
- *What you need to know*
- *How to obtain missing documents*
- *CRSC Claim Pages*
  - *Page 2*
  - *Page 4*
  - *Page 5*
- *How to Submit a Claim*
- *How you can help others*
- *How to Contact US*

What is CRSC?

What is CRSC?

- ✓ CRSC is a Congressionally mandated program providing compensation for all uniformed service retirees with “combat-related” injuries who have a 10-100% VA disability rating. CRSC began operation 1 June 2003 under the Army Human Resources Command (AHRC), by the United States Army Physical Disability Agency.

How does CRSC help retired veterans?

- ✓ Replaces the VA disability compensation that’s subtracted from retired pay
- ✓ Restores military retired pay with tax free monthly payments and is paid retroactively
- ✓ Recognizes veterans for their sacrifice to our country

Who is Eligible?

Must Have *ALL four*

AND

Must Have *at least one* "combat-related" VA Disability

1. Active, Reserve or medically retired with 20 years of creditable service
2. Have 10% or greater VA rated injury
3. Receiving military retired pay
4. Military retired pay is reduced by VA disability payments (VA Waiver)

1. Simulating War (SW)
2. Hazardous Service (HS)
3. Instrumentality of War (IN)
4. Armed Conflict (AC)

Service-Related vs. Combat-Related

- **Service-Related**

  Injury directly related to military service

  Example:

  – Hurt ***knee*** during Battalion run at Airborne School

- **Combat-Related Injury**

  Injury contributed to any of the following situations:

  Examples:

  – Simulating War - hurt ***knee*** while reacting to enemy fire during FTX
  – Hazardous Services - hurt ***knee*** on a night jump during SF school
  – Instrumentality of War - hit ***knee*** on rotating tank turret during FTX
  – Armed Conflict - shot in ***knee*** by enemy during Gulf War

CRSC vs. CRDP

- **CRSC (Combat-Related Special Compensation)**
- **CRDP (Concurrent Retirement and Disability Pay)**

Example

2006	CRSC	CRDP
Full Concurrent Receipt	YES -Eff 2003/2004	NO – 10 yr phase in (*except **100%** ratings*)
VA Rating Starts At	10%	50%
Compensation	Retroactive	Not Retroactive
Taxable	TAX FREE	TAXED
Individual Unemployment (IU)	YES=100%**	3 yr phase (2009)
Survivor Benefit Plan	NONE	NONE
File Claims	Must Apply	Automatic
Qualified Injury	Combat-Linked	Service Connected

*Note: If receiving CRDP payments, will be subtracted from CRSC payments
**Note: claimants with 60%-90% VA ratings

CRSC In Action

FOR EXAMPLE

A veteran receives a total of $4,600 a month for military retired pay ($4,600 is paid through a VA Waiver)

Without CRSC

Military Retired Pay	$4,600
VA Offset	-$4,600
$4,600	
VA Pay	+$4,600
Total Pay	**=$4,600 Tax-Free**
Tax-Free	

With CRSC*

Military Retired Pay	$4,600
VA Offset	-
VA Pay	+$4,600
CRSC	+$4,600
Total Pay	**=$9,200**

*Not representative of all claims

What you need to know…

Top 2 Reasons CRSC Claims are Not Approved:

1. **The documentation provided does not tell *"HOW"* the injury occurred**
2. **The VA rating decision *"narrative summary"* was not provided**

Before submitting your claim determine…

Did I supply evidence that **verifies** ***"HOW"*** I got the injury?

How to Submit a Claim

Step 1-	Review the CRSC Information Document, Claim Guide and Claim form on the CRSC web site
Step 2-	Review all of your VA rating decisions to see if they state -"HOW" you got the injury (see the document "Completing a Successful CRSC Claim" for assistance)
Step 3-	Determine if any decision states HOW the injury occurred
Step 4-	**If YES** to Step 3, complete the CRSC claim form or apply online at www.crsc.army.mil **If NO** to Step 3, then go though personnel and medical records to see if you can find any evidence to verify the claim (see the document "Completing a Successful CRSC Claim" for assistance)
Step 5-	Attach the required documentation and send completed claim form to: Department of the Army, ATTN: CRSC Division 200 Stovall Street, Alexandria, VA 22332

NOTE: *The VA and MTF can accept documents that CRSC cannot.*

New claims are processed within 30 days
Reconsideration claims can take up to 60 days

CRSC Claim Pages

- **CRSC Claim Pages:**
  - Page 2
  - Page 4
  - Page 5

CRSC Claim Page 2

V1CO

APPLICATION FOR COMBAT-RELATED SPECIAL COMPENSATION (CRSC)

SECTION I - PERSONAL IDENTIFICATION

1. NAME *(Last, First, Middle Initial)*	2. MAILING ADDRESS AND CONTACT INFORMATION a. STREET *(Include apartment number)*
3.a. SOCIAL SECURITY NUMBER / b. SERVICE NUMBER *(If different)*	
4. DATE OF BIRTH *(YYYYMMDD)* / 5. RETIRED RANK/RATE/PAY GRADE	b. CITY / c. STATE / d. ZIP CODE + FOUR
6.a. UNIFORMED SERVICE FROM WHICH YOU RETIRED *(X only one)* ☐ ARMY ☐ NAVY/USMC ☐ USAF ☐ COAST GUARD ☐ NOAA ☐ PUBLIC HEALTH	e. DAYTIME TELEPHONE NO. *(Include area code)* / f. E-MAIL ADDRESS *(Optional)*
b. OTHER UNIFORMED SERVICE(S) IN WHICH YOU SERVED *(X all that apply)* ☐ ARMY ☐ NAVY/USMC ☐ USAF ☐ COAST GUARD ☐ NOAA ☐ PUBLIC HEALTH	c. VA CLAIM, FILE OR C NUMBER / 7. DATE RETIRED *(YYYYMMDD)*

8.a. Are you a Permanent Disability Retiree (PDRL) or are you currently on the Temporary Disability Retired List (TDRL) or Neither? *(X one)*	☐	NEITHER	☐	PDRL	☐	TDRL	
b. Were you evaluated by a Military Physical Evaluation Board (PEB)?					☐	YES	☐ NO
c. Do you receive Special Monthly Compensation (SMC) from the VA?					☐	YES	☐ NO
d. Does the VA compensate you based on Total Disability because you are classified Individually Unemployable (IU)?					☐	YES	☐ NO

SECTION II - PRELIMINARY CRSC CRITERIA

NOTE: You must meet ALL criteria of this section or your application will be denied.

9. ANSWER ONLY THE ONE PART THAT APPLIES TO YOUR RETIREMENT:			
a. Do you have 20 or more years of service creditable for the computation of the amount of your retired pay?	☐ YES	☐ NO	
OR			
b. FOR NON-REGULAR (RESERVE) RETIREMENT ONLY *(Retired pay beginning at age 60 based on points under 10 U.S.C. 12731).*			
(1) Are you at least 60 years of age?	☐ YES	☐ NO	
(2) Have you received a notice of eligibility for retired pay under Chapter 1223 of Title 10 of the United States Code?	☐ YES	☐ NO	
(3) Have you applied for retired pay?	☐ YES	☐ NO	
(4) Do you have 20 qualifying years of service for retirement at age 60?	☐ YES	☐ NO	
10. ARE YOU IN A RETIRED STATUS (i.e., are you on the retired rolls, or have you been transferred to the Fleet Reserve or Fleet Marine Corps Reserve)? Members recalled to, or retained on, active duty are not in a retired status during the period of such recall or retention.	☐ YES	☐ NO	
11. ARE YOU ENTITLED TO RETIRED PAY? YES - Includes members who have waived military retired pay in order to receive VA disability compensation. NO - Includes members who have waived military retired pay in order to credit military service for purposes of a civil service retirement, or for any reason other than to receive disability compensation from the VA.	☐ YES	☐ NO	
12. DO YOU RECEIVE VA DISABILITY COMPENSATION BASED ON A CURRENT DISABILITY RATING?	☐ YES	☐ NO	

If you answered Yes to Items 9, 10, 11, and 12, you appear to meet the Preliminary CRSC Criteria and you should continue to Section III. Otherwise, do not complete the application, but you may apply later if your circumstances change and you meet the Preliminary CRSC Criteria.

DD FORM 2860 TEST (V3), APR 2004 — Reset — Page 2 of 5 Pages

Section I
Personal Identification

Section II
Preliminary CRSC Criteria

CRSC Claim Page 4

If <u>more than</u> 2 combat-related injuries:
<u>Photocopy this page</u>, complete, and attach with your claim form

Description of Injury 1

Description of Injury 2

(if applicable)

V1CO

SECTION III - FINAL CRSC CRITERIA *(Continued)*

If you are unable to answer any of these questions, enter "Don't Know" or "DK". Complete one Item 13 block for each disability rated by the VA that you think is combat related. Number your disabilities at the beginning of each Item 13 (for example, 1 of 4, 2 of 4, etc.). If more than two disabilities, use an additional "Page 4," resume numbering in block 13 (for example, 3 of 4, and 4 of 4). Number each page at the bottom accordingly (for example, Page 4-1 of 5 Pages, 4-2 of 5 Pages, etc.).
If using a blank sheet of paper, list your full name and SSN at the top of the page. List each block number and provide information. If unable to answer, list block number with "Don't Know" or "DK".

NAME *(Last, First, Middle Initial)* | SOCIAL SECURITY NUMBER

FOR EACH OF YOUR DISABILITIES RATED BY THE VA THAT YOU THINK IS COMBAT RELATED, PROVIDE THE FOLLOWING INFORMATION:

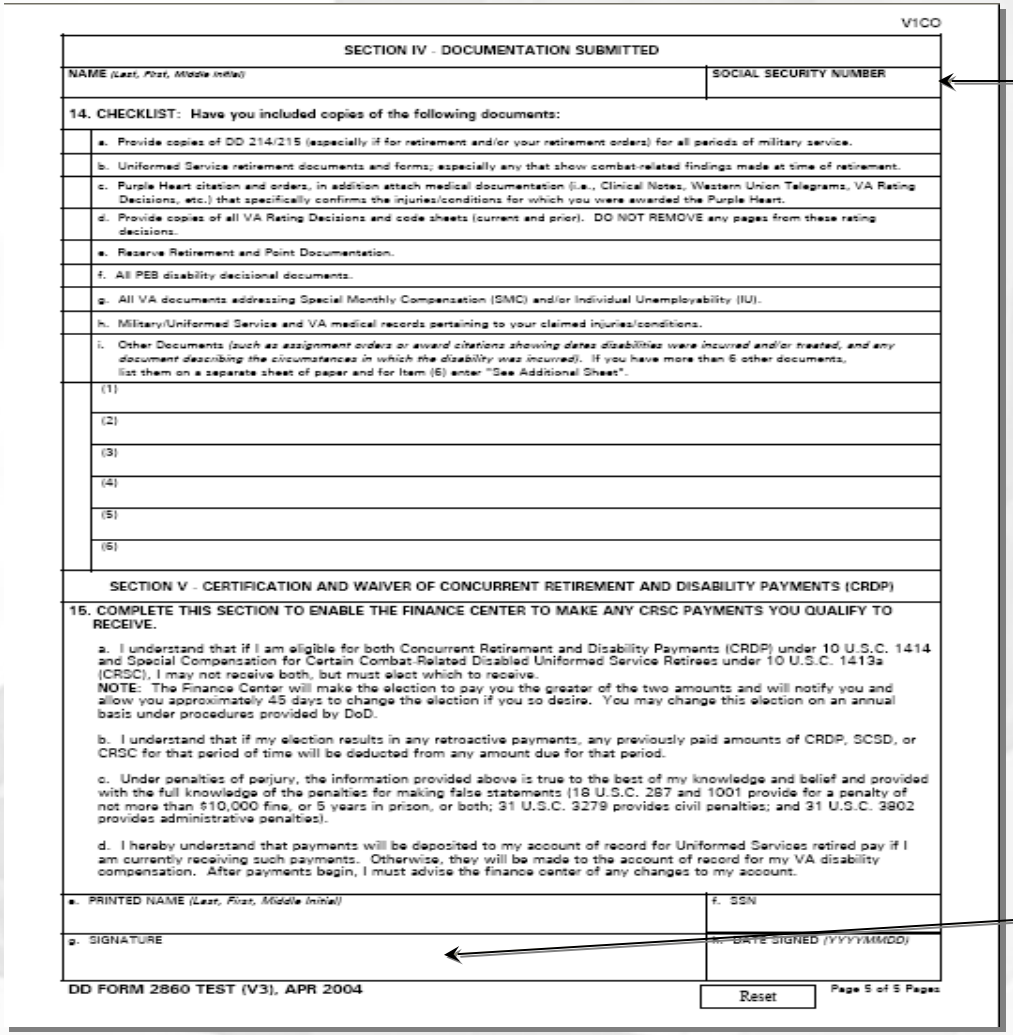
13. DIAGNOSIS _____ OF _____
a.(1) VA CODE (DIAGNOSTIC CODE) *(4 to 8 digit code of VA award)*
a.(2) DIAGNOSIS *(Limit to one diagnosis for each block. The diagnosis may be found on the VA Rating Decision or VA Codesheet or PEB documents.)*
b.(1) ORIGINAL VA RATING % AND EFFECTIVE DATE *(YYYYMMDD)* OF THIS DISABILITY
b.(2) CURRENT VA RATING % *(If different from original)* AND EFFECTIVE DATE *(YYYYMMDD)* OF THIS DISABILITY
c. ORIGIN OF DISABILITY CODE *(see list below)*. Mark (X) the ONE code that BEST describes the circumstances under which the disability was incurred. If it applies, use Purple Heart (PH) in preference to any other code.
ORIGIN OF DISABILITY CODES *(Full definitions are provided at the beginning of this section on Page 3.)*
☐ PH ☐ HS ☐ IN ☐ GW ☐ MG
☐ AC ☐ SW ☐ AO ☐ RE ☐ NA - No other code applies
d. DATE DISABILITY WAS INCURRED *(YYYYMMDD)* *(Enter year of exposure for AO, GW, RE, and MG)*
e. WHERE THE DISABILITY WAS INCURRED *(Name of installation or vessel, State or Region, and Country or Body of Water)*
f. MILITARY UNIT TO WHICH YOU WERE ASSIGNED OR ATTACHED WHEN YOU INCURRED THE DISABILITY
g. BRIEFLY DESCRIBE THE SPECIFIC EVENTS/ACTIONS FROM WHICH YOU INCURRED THE DISABILITY. DO NOT SIMPLY DESCRIBE YOUR BILLET. HOW WAS THE DISABILITY CAUSED BY THE COMBAT-RELATED CIRCUMSTANCES YOU ENTERED FOR ITEM c. ABOVE?
h. WHAT SPECIFIC PART(S) OF YOUR ANATOMY WERE AFFECTED WHEN YOU INCURRED THE DISABILITY IN ITEM g. *(i.e., right arm, left hand, head, prostate, etc.)*?
i. DO YOU RECEIVE SMC FOR THIS DISABILITY *(X one)*? ☐ YES ☐ NO

COMPLETE ADDITIONAL BLOCKS OF ITEM 13 AS NECESSARY, OR PROCEED TO ITEMS 14 AND 15.

13. DIAGNOSIS _____ OF _____
a. (1) VA CODE (DIAGNOSTIC CODE) *(4 to 8 digit code of VA award)*
a. (2) DIAGNOSIS *(Limit to one diagnosis for each block. The diagnosis may be found on the VA Rating Decision or VA Codesheet or PEB documents.)*
b.(1) ORIGINAL VA RATING % AND EFFECTIVE DATE *(YYYYMMDD)* OF THIS DISABILITY
b.(2) CURRENT VA RATING % *(If different from original)* AND EFFECTIVE DATE *(YYYYMMDD)* OF THIS DISABILITY
c. ORIGIN OF DISABILITY CODE *(see list below)*. Mark (X) the ONE code that BEST describes the circumstances under which the disability was incurred. If it applies, use Purple Heart (PH) in preference to any other code.
ORIGIN OF DISABILITY CODES *(Full definitions are provided at the beginning of this section on Page 3.)*
☐ PH ☐ HS ☐ IN ☐ GW ☐ MG
☐ AC ☐ SW ☐ AO ☐ RE ☐ NA - No other code applies
d. DATE DISABILITY WAS INCURRED *(YYYYMMDD)* *(Enter year of exposure for AO, GW, RE, and MG)*
e. WHERE THE DISABILITY WAS INCURRED *(Name of installation or vessel, State or Region, and Country or Body of Water)*
f. MILITARY UNIT TO WHICH YOU WERE ASSIGNED OR ATTACHED WHEN YOU INCURRED THE DISABILITY
g. BRIEFLY DESCRIBE THE SPECIFIC EVENTS/ACTIONS FROM WHICH YOU INCURRED THE DISABILITY. DO NOT SIMPLY DESCRIBE YOUR BILLET. HOW WAS THE DISABILITY CAUSED BY THE COMBAT-RELATED CIRCUMSTANCES YOU ENTERED FOR ITEM c. ABOVE?
h. WHAT SPECIFIC PART(S) OF YOUR ANATOMY WERE AFFECTED WHEN YOU INCURRED THE DISABILITY IN ITEM g. *(i.e., right arm, left hand, head, prostate, etc.)*?
i. DO YOU RECEIVE SMC FOR THIS DISABILITY *(X one)*? ☐ YES ☐ NO

DD FORM 2860 TEST (V3), APR 2004 | Reset | Page 4 - ____ of 5 Pages

CRSC Claim Page 5



V1CO

SECTION IV - DOCUMENTATION SUBMITTED

NAME *(Last, First, Middle Initial)*	SOCIAL SECURITY NUMBER

14. CHECKLIST: Have you included copies of the following documents:

a. Provide copies of DD 214/215 (especially if for retirement and/or your retirement orders) for all periods of military service.

b. Uniformed Service retirement documents and forms; especially any that show combat-related findings made at time of retirement.

c. Purple Heart citation and orders, in addition attach medical documentation (i.e., Clinical Notes, Western Union Telegrams, VA Rating Decisions, etc.) that specifically confirms the injuries/conditions for which you were awarded the Purple Heart.

d. Provide copies of all VA Rating Decisions and code sheets (current and prior). DO NOT REMOVE any pages from these rating decisions.

e. Reserve Retirement and Point Documentation.

f. All PEB disability decisional documents.

g. All VA documents addressing Special Monthly Compensation (SMC) and/or Individual Unemployability (IU).

h. Military/Uniformed Service and VA medical records pertaining to your claimed injuries/conditions.

i. Other Documents *(such as assignment orders or award citations showing dates disabilities were incurred and/or treated, and any document describing the circumstances in which the disability was incurred)*. If you have more than 6 other documents, list them on a separate sheet of paper and for Item (6) enter "See Additional Sheet".

(1)

(2)

(3)

(4)

(5)

(6)

SECTION V - CERTIFICATION AND WAIVER OF CONCURRENT RETIREMENT AND DISABILITY PAYMENTS (CRDP)

15. COMPLETE THIS SECTION TO ENABLE THE FINANCE CENTER TO MAKE ANY CRSC PAYMENTS YOU QUALIFY TO RECEIVE.

a. I understand that if I am eligible for both Concurrent Retirement and Disability Payments (CRDP) under 10 U.S.C. 1414 and Special Compensation for Certain Combat-Related Disabled Uniformed Service Retirees under 10 U.S.C. 1413a (CRSC), I may not receive both, but must elect which to receive.
NOTE: The Finance Center will make the election to pay you the greater of the two amounts and will notify you and allow you approximately 45 days to change the election if you so desire. You may change this election on an annual basis under procedures provided by DoD.

b. I understand that if my election results in any retroactive payments, any previously paid amounts of CRDP, SCSD, or CRSC for that period of time will be deducted from any amount due for that period.

c. Under penalties of perjury, the information provided above is true to the best of my knowledge and belief and provided with the full knowledge of the penalties for making false statements (18 U.S.C. 287 and 1001 provide for a penalty of not more than $10,000 fine, or 5 years in prison, or both; 31 U.S.C. 3279 provides civil penalties; and 31 U.S.C. 3802 provides administrative penalties).

d. I hereby understand that payments will be deposited to my account of record for Uniformed Services retired pay if I am currently receiving such payments. Otherwise, they will be made to the account of record for my VA disability compensation. After payments begin, I must advise the finance center of any changes to my account.

e. PRINTED NAME *(Last, First, Middle Initial)*	f. SSN
g. SIGNATURE	h. DATE SIGNED *(YYYYMMDD)*

DD FORM 2860 TEST (V3), APR 2004 Reset Page 5 of 5 Pages

Page 5 of 5

Name and Social Security Number

Section IV Documentation Inventory

Section V – Certification and *Waiver* of Concurrent Retirement and Disability payments (CRDP)

Signature REQUIRED!

Section V – Certification and Waiver of Concurrent Retirement and Disability Payments (CRDP)

SECTION V - CERTIFICATION AND WAIVER OF CONCURRENT RETIREMENT AND DISABILITY PAYMENTS (CRDP)

15. COMPLETE THIS SECTION TO ENABLE THE FINANCE CENTER TO MAKE ANY CRSC PAYMENTS YOU QUALIFY TO RECEIVE.

a. I understand that if I am eligible for both Concurrent Retirement and Disability Payments (CRDP) under 10 U.S.C. 1414 and Special Compensation for Certain Combat-Related Disabled Uniformed Service Retirees under 10 U.S.C. 1413a (CRSC), I may not receive both, but must elect which to receive.
NOTE: The Finance Center will make the election to pay you the greater of the two amounts and will notify you and allow you approximately 45 days to change the election if you so desire. You may change this election on an annual basis under procedures provided by DoD.

b. I understand that if my election results in any retroactive payments, any previously paid amounts of CRDP, SCSD, or CRSC for that period of time will be deducted from any amount due for that period.

c. Under penalties of perjury, the information provided above is true to the best of my knowledge and belief and provided with the full knowledge of the penalties for making false statements (18 U.S.C. 287 and 1001 provide for a penalty of not more than $10,000 fine, or 5 years in prison, or both; 31 U.S.C. 3279 provides civil penalties; and 31 U.S.C. 3802 provides administrative penalties).

d. I hereby understand that payments will be deposited to my account of record for Uniformed Services retired pay if I am currently receiving such payments. Otherwise, they will be made to the account of record for my VA disability compensation. After payments begin, I must advise the finance center of any changes to my account.

Concurrent Receipt-*Annual Election*

1. **Determine whether CRDP or CRSC meets your needs**
2. **Elect either CRDP or CRSC (can choose only one) and sign this form which indicates your choice for CRSC and waives participation in CRDP**

Summary

- What is CRSC?
- Who is Eligible?
- Service-Related vs. Combat-Related
- CRSC vs. CRDP
- CRSC in Action
- What you need to know
- How to obtain missing documents
- CRSC Claim Pages
  - Page 2
  - Page 4
  - Page 5
- How to Submit a Claim
- How you can help others
- How to Contact US